

THE CLEVELAND MUSEUM OF ART

FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE

Born in Cleveland YES NO

PLEASE
LETTER
PLAINLY
TYPE
OR
OTHERWISE

Collaborator if any

Artist Elizabeth

FIRST NAME

LAST NAME

Address 2230
NO. STREET

CIT

ZON E

COUNT

Tel. 121-2134

Out-of-town residents should state whether return shipment is required. YES NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.

Use second blank if required

IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed.
Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Elizabeth S. Shilton
SIGNATURE